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KEATING & BENNETT LLP

Fax

To: Examiner Budd **From:** Christopher A. Bennett 2834

Fax: 703-872-9318 **Date:** August 5, 2003

Phone: 703-308-3929 **Pages:** 5

Re: 09/038,717 **CC:**

36856.64


•Comments:

Dear Examiner Budd,

Please find attached the following documents for the above-identified application:

1. Request for Reconsideration;
2. Petition for two-month Extension of time; and
3. Credit card form payment in the amount of \$410.00.

Respectfully submitted,



Christopher A. Bennett
for
KEATING & BENNETT, LLP
(Registration Number 46,710)

FAX RECEIVED

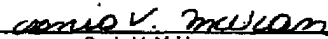
AUG - 5 2003

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CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted to
Group Art Unit 2834, 703-872-9318, addressed to: Commissioner
for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: August 5, 2003


Sonia V. McVean

PATENT
36856.64

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Michio KADOTA

Serial No.: 09/038,717

Filed: January 28, 1998

Title: SURFACE ACOUSTIC WAVE DEVICE

Art Unit: 2834

Examiner: M. Budd

PETITION FOR EXTENSION OF TIME

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COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

AUG - 5 2003

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Sir:


In accordance with 37 C.F.R. § 1.136(a), Applicant hereby petitions for a two-month extension of time to respond to the outstanding Office Action dated March 6, 2003, or until August 6, 2003.

Enclosed is a check for \$410.00 to pay the two-month extension fee in accordance with Rule 1.17(a)(2).

The Commissioner of Patents is authorized to charge any amount due, or credit any overpayment, to Deposit Account No. 50-1353. A duplicate copy of this paper is enclosed.

DATED: August 5, 2003

Respectfully submitted,


Christopher A. Bennett
Attorney for Applicants
Registration No. 46,710

KEATING & BENNETT, LLP
10400 Eaton Place, Suite 312
Fairfax, Virginia 22030
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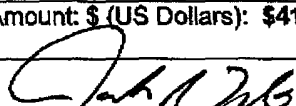
PTO-2038 (02-2000)
Approved for use through 01/31/2003, OMB 0651-0043
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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FAX RECEIVED**UNITED STATES PATENT & TRADEMARK OFFICE****Credit Card Payment Form****Please Read Instructions before Completing this Form**

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Credit Card Information			
Credit Card Type:	Visa	Master Card	<input checked="" type="checkbox"/> American Express Discover
Credit Card Account #:	3715 318560 14001		
Credit Card Expiration Date:	05/2006		
Name as it Appears on Credit Card:	Joseph R. Keating		
Payment Amount: \$ (US Dollars):	\$410.00		
Signature:	 Date: August 5, 2003		
Refund Policy: The Office may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not entitle a party to a refund of such fee. The Office will not refund amounts of twenty-five dollars or less unless a refund is specifically requested, and will not notify the payor of such amounts (37 CFR 1.26). Refund of a fee paid by credit card will be via credit to the credit card account.			
Service Charge: There is a 50.00 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21 (m)).			
Credit Card Billing Address			
Street Address1: 10400 Eaton Place			
Street Address2: Suite 312			
City: Fairfax			
State: VA		Zip/Postal Code: 22030	
Country: U.S.A.			
Daytime Phone #: (703) 385-5200		Fax #: (703) 385-5080	
Request and Payment Information			
Description of Request and Payment Information:			
Petition Fee for Two-Month Extension of Time			
Patent Fee	Patent Maintenance Fee	Trademark Fee	Other Fee
Application No. 09/038,717	Application No.	Serial No.	IDON Customer No.
Patent No.	Patent No.	Registration No.	
Attorney Docket No. 36856.64		Identify or Describe Mark	

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